ORIGINAL ARTICLE

Mothers Perception of Sexuality Education for Children

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Abstract

***Background**: Sexuality education is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. It develops young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices.*
It also equips children to face developmental challenges and empowers them against the ills of abuse, exploitation, unwanted pregnancies amongst others. Mothers who are the primary caregivers should be well informed about sexuality issues.
The objective of the study is to determine mothers' perception of sexuality education in children, in Port Harcourt.
***Methodology:** A structured, anonymous and self-administered questionnaire, used as instrument for data collection, was distributed amongst a convenient sample of women attending a Christian women's convention in Port Harcourt.*
***Results:** One hundred and fifty eight women participated in the study. Most of them were married (80.4%), and belonged to the 30-49 years age bracket. Seventy one (44.9%) of the respondents had tertiary education. Over 80% agreed that children needed sexuality education but only 15 women (9.5%) had a good knowledge of the concept of sexuality education. One hundred and eleven (70.2%) believed it was the responsibility of both parents to educate their children and over 70% acknowledged that the home was the best place for such education. 64 (40.5%) believed that 6-10 years was the ideal age for starting sex education while 49% thought that the ideal age was 11-15 years. 65% of respondents discussed sexuality issues with their children at least occasionally, the content mostly involved description of body parts and reproductive organs. The average age of menarche amongst respondents was 14.0. One hundred (63%) of the women had prior knowledge of menstruation before menarche. About half of them had received information from their mothers.*
***Conclusion**: The study highlights the need for enlightenment of women on sexuality education to enable them empower their children against the ills of child abuse.*

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Introduction

Human sexuality is more than just having sexual intercourse. It is a natural and healthy part of living[1]. It starts at birth and ends at death.[1] A good understanding of sexuality will empower young people against many societal vices. In recent times, the youth who constitute over 35% of the Nigerian population, have been found to be highly vulnerable to antisocial behaviours such as violent sexual activities amongst others.[2] These young people get information about sex and sexuality from a wide range of sources, including each other, through the media, magazines, books and websites.[3, 4] This information may be accurate or inaccurate. Providing information through sex education therefore involves finding out what young people know, adding to their existing knowledge and correcting misconceptions.[2]

In many societies including ours, talking about sex is viewed as a taboo and so children cannot freely approach their parents for guidance on issues relating to sex. When they do, they often are not satisfied because parents commonly evade such discussions or are not able to give satisfactory answers.[4 - 6] Sometimes these young ones receive wrong information from their parents and carry these myths and misconceptions throughout their lifetime.

Since mothers are usually the primary caregivers in our society, the aim of this paper was to find out their level of knowledge about sexuality education and their general perception of sexuality issues.

Methodology

This study was carried out in Port Harcourt, the capital city of Rivers State, Nigeria from 21st 23rd February 2008. The study population was a convenient sample of

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women attending a Christian women's convention in the city. The women were drawn from various ethnic groups in and around the state, and from various works of life.

Data were collected using a structured, anonymous and self-administered questionnaire, after informed consent was obtained. Information obtained included bio data, awareness information, and practice. Those who had difficulty reading or writing were assisted by one of the authors.

Data were entered into a Microsoft Excel spread sheet and analysed using SPSS version 15.0.

For the purpose of this study, sexuality education was defined as the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, sexual health, reproduction, relationships and intimacy.[2] If a respondent was able to include at least three of these concepts in her definition, she was rated good whilst if she included two or one she was rated fair or poor respectively.

Results

A total of one hundred and fifty eight (158) women participated in the study. Majority (80.4%) of the women were married, and over 50% of them were in the 30 49 year age range (Table I).

Table II shows educational status of respondents. Seventy one (44.9%) of the women had tertiary education while 14 (8.9%) had no formal education.

Table III shows an assessment of respondents' definition of sexuality education. Less than 10% of them had a good knowledge of the subject.

Over 80% of them however indicated that children need to be given sexuality education.

Table IV shows relationship between knowledge of sexuality education and educational level of respondents. About 68% of women with tertiary education had fair to good knowledge of sexuality education. The proportion continued to decrease with declining/ lower levels of academic attainment.

Table V shows their perception of who should give sexuality education. One hundred and eleven (70.3%) believed that it was the responsibility of both parents whereas 60 (38 %) thought it was the sole responsibility of the mother. Nobody assigned the responsibility to the father alone.

Table VI shows the respondents belief as to where sexuality education should take place. Majority (76.6%) believed that the home was the best place.

Table VII shows perceived content of sexuality education. Most responses centred on description of body parts and description of reproductive organs.

As to when sexuality education should start, 41.1% favoured 6-10 years while 31.6% were for 11- 15years. (Table VIII)

One hundred and three (65.2%) agreed that they discussed sexuality issues with their children. Table IX shows the frequency of such discussions. Only 12% did up to three times per month.

About 63% of the women had prior knowledge of menstruation before menarche. Over 45% of them received information from their mothers. (Table X)

Table I: General characteristics of respondents

Age (years)	Frequency	Percent (%)
15 -19	19	12.0
20 – 29	16	10.1
30 - 39	51	32.3
40 – 49	39	24.7
? 50	15	9.5
No response	18	11.4
Total	158	100
Marital status		
Married	127	80.4
Single	7	4.4
Separated	2	1.3
Divorced	2	1.3
Widowed	10	6.3
No response	10	6.3
Total	158	100

Table II: Educational status of respondents

Educational status	Frequency	Percent (%)
Primary	25	15.8
Secondary	48	30.4
Tertiary	71	44.9
No formal education	14	8.9
Total	158	100

Table III: Assessment of respondents' definition of sexuality education.

Definition	Frequency	Percent (%)
Don't know	42	26.6
Poor	44	27.8
Fair	57	36.1
Good	15	9.5
Total	158	100

Table IV: Relationship between educational status and knowledge of sexuality education.

	Level of education of respondents (percent)				
Definition of sexuality education	Primary No (%)	Secondary No (%)	Tertiary No (%)	None No (%)	Total No (%)
Good	2 (8)	2 (4.1)	11 (15.5)	0 (0)	15(9.5)
Fair	4 (16)	15(31.3)	37 (52.1)	1 (7.1)	57(36.1)
Poor	9 (36)	16(33.3)	16 (22.5)	3 (21.4)	44(27.8)
Don't know	10 (40)	15(31.3)	7 (9.9)	10(71.4)	42(26.6)
Total	25 (100)	48(100)	71 (100)	14(100)	158(100)

Table V: Who should give sexuality education?

Giver	Number	Percent (%)
Mother	60	38.0
Father	0	0
Both parents	111	70.3
Teacher	4	2.5
Pastor	6	3.8
Other family members	2	1.3
Media	3	1.9
Not necessary	4	2.5

Table VI: Where should sexuality education be given?

Place	Number	Percent (%)
Home	121	76.6
School	11	7.0
Church	7	4.4
Others (market, seminars, e.t.c.)	24	15.2

Table VII: When should sexuality education start?

Age range(years)	Number	Percent (%)
0-5	26	16.5
6-10	65	41.1
11-15	50	31.6
16-20	8	5.1
>20	9	5.7
Total	158	100

Table VIII: Frequency of discussion of sexuality issues.

Frequency	Number	Percent (%)
Never	56	35.4
< once a month	63	39.9
1- 2 times a month	20	12.7
≥ 3 times a month	19	12.0
Total	158	100

Table IX: Content of sexuality education as given by respondents

Content	Number	Percent (%)
Description of body parts	34	21.5
Description of reproductive organs	40	25.3
Reproduction	8	5.1
STDs/HIV	16	10.2
Menstruation	13	8.2
Sex	28	17.7
Pregnancy	13	8.2
Circumcision	3	1.9
Others	20	12.7

Table X: Source of mothers' information on Menstruation?

Person	Number	Percent (%)
Mother	66	42
Father	3	1.9
Friend	25	15.8
Media	2	1.3
Books	4	2.6
Teachers	16	10.1
Others	10	6.3

Discussion

The study shows that very few mothers had a good grasp of the concept of sexuality education. This means that mothers who are the primary caregivers of children in our environment may be unable to impart this knowledge to their children. This is reflected in many studies which show that adolescent girls lack knowledge about sexual matters and contraception, resulting in early pregnancies, increased premarital sexual activity, sexually transmitted diseases and unsafe abortions.[4, 6, 7] The study also showed that with increasing level of education, knowledge of the subject improved. Of the 15 women with good knowledge, eleven had tertiary education. It has been shown that younger and more educated mothers tended to be more knowledgeable and open in sexuality issues.[8]

This is in conformity with previous studies in this environment that have shown that the higher the level of education, the better the health knowledge.[9, 10] Some reasons that have been proffered for this include; the greater complexity of training, and more exposure to health issues as one progresses to higher levels of educational training.[9,10]

It is also important to note that of those women with no formal education; almost three quarters of them had no idea at all. If mothers are to play active and effective roles in sexuality education, then female education must be taken seriously and mainstreamed in the interest of our children and the future of our country.

It is encouraging, however, to note that most of the mothers agreed that children need to be given sexuality education. Some other studies have shown that while some parents support child sexuality education, other parents oppose it, with fears that such education will lure children into experimentation with sex.[8,11]

Over 70% of respondents were of the opinion that sexuality education should take place in the home as opposed to 7% for school. This is in agreement with a Taiwan study,[8] but in contrast with another Nigerian study[9] which showed that parents preferred to have sexuality education given to their children in school. This difference from the other Nigerian study may be because their study was school- based in which students had to take home questionnaires and perhaps that over the years, parents are getting better enlightened on the need for sexuality education at home as reflected in this study. Sexuality education given in school is usually structured and often provided in organised blocks of lessons.[1] At home, young people

easily have one-to-one discussions with parents on specific issues or concerns and this is usually informal and continuous over a long period. School programmes which involve parents can however, support the initiation of dialogue at home.[2]

Majority of the mothers believed that it was the responsibility of both parents to educate their children on sexuality issues. The role of parents in providing sexuality education has been acknowledged.[12, 13] In a qualitative study of parents' experience in providing sexuality education for their children,[12] it was found that mothers tended to be the main educators, although a few fathers shared the role. In this study up to 38% of respondents assigned the role to the mother, none assigned it to the father. This is probably because in our society, mothers tend to spend more time with their children; therefore even if theoretically it is perceived that both parents should educate the children, the mothers may have better opportunities to do so. It was also interesting to note that whereas almost half of the mothers got to know about menstruation through their own mothers, only thirteen (8.2%) of them actually discussed menstruation with their own children. This has implications for menstrual health, hygiene and reproduction as these children have to depend on their peers for information. Information so obtained may be wrong, based on their own perceptions, and therefore have adverse sexual health implications.

Sixty five percent of the mothers assented to discussing sexuality issues with their children at some point or the other but most of them did this quite infrequently. This finding was similar to that in a Japanese study which showed that neither parents had sufficient conversations with their children on sexuality issues.[13]

Family sexuality communication offers parents a veritable cultural space to manage and control young people's sexuality.[14] A Nigerian study[13] showed that parents relegate sexuality to the domain of the dangerous, unpleasant and unsavoury while speaking to their children about it. Few parents would want to discuss such an issue often. Further more, mothers tended to be more comfortable talking about body parts than about issues like sex and reproduction. This may also be because parents may feel embarrassed to discuss such sensitive issues or that they lack adequate knowledge to pass on to their children.

More than 60% of women were of the opinion that sexuality education should be started early i.e. before the age of ten years. This is commendable. Sexuality education that works should start early before children reach puberty.[1] This enables them get empowered before they develop established patterns of behaviour.[1] The precise age at which information should be provided, however, depends on the physical, emotional and intellectual development of the child. It should therefore be age appropriate and graded. Majority of children at the ages recommended for starting sexuality education by mothers are of school age (6- 15 years). If by respondents' perception, sexuality education should start at these ages, and should be given by parents, then most children never get to be taught adequately on the issue since children are for the most part of the day at school; away from home. Little wonder then that as many as 119 (75.3%) of respondents never or rarely get to discuss sexuality issues with their children. The role of teachers in sexuality education therefore becomes highly necessary since they act as loco parents when children are in school and are also parents of some children. In this study teachers also featured as one of the three main sources of sexuality information.

Conclusion

Sexuality education is important in empowering children against several vices. Mothers recognise the need for children to be informed but lack adequate knowledge to do this. There is therefore a need to enlighten mothers and indeed parents on the concept of sexuality education and empower them with the skills necessary to pass it on to their children.

Recommendation

Female education is one certain way of improving mothers' knowledge of health issues including sexuality education. In the interim, however, informal ways of education can be used to improve the knowledge of women on sexuality issues in our contemporary society. One such forum is the church. The role of the church should be enhanced as sexuality education improves morals and complements religious teachings and doctrines. Just like this study, religious organisations should take advantage of such gatherings to educate parents using appropriately knowledgeable experts. This may help reduce teenage and unwanted pregnancies, sexually transmitted diseases and HIV, and infertility amongst others in the churches, as well as the society at large.

Sexuality education should also be incorporated in Teachers curriculum so that they also can be empowered to pass it on to young children who may not have the opportunity for such education at home.

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